(Sample #1)

Emergency Action Plan Diabetes Healthcare

Student's Name		Grade	
Address	Home Phone		
Father/Guardian			
Phone: Home	Work	Cell	
Mother/Guardian			
Phone: Home	Work	Cell	
Other person to contact in an En	_ •		
Address			
Phone: Home	Work	Cell	
Hospital Preferred			
_			
Phone			
	cy items to be left at scho	ool:	
_	Glucagon _		
	Blood gluc		
	Insulin		
	Syringes		
	Other		
	te, such as ½ carton of mil	utinely followed at school is: to give lk, ½ cup fruit juice, or ½ cup non diet conscious, call 911.	
I approve the above emergency he	althcare action plan as wri	itten Yes No	
Please make the following changes	s to the emergency health	care action plan:	
			
	- (continued on back)) -	

(Sample #1 Continued)

Emergency Action Plan Diabetes Healthcare

List other additional infor	mation or significant special health concerns o	f this student.
,		
equipment I have provide	rgency blood glucose testing by the school nur d. I understand that when the school nurse or colood glucose testing, the parent/guardian will by No	designee is not
Additional directions rega	arding blood glucose testing:	
Written and submitted by	: Nurse or Designee	Date
		Date
Reviewed and signed:	Parent/guardian	Date
	Student	Date
	Physican or Health Care Provider	Date
To be reviewed	Date	
The emergency healthcare	e action plan should be revised according to the	e child's specific

The emergency healthcare action plan should be revised according to the child's specific needs, at least annually.

Source: "Diabetes Management in the School Setting", 1998, Missouri Association of School Nurses. Sample of Springfield School District Emergency Action Plan – Diabetes Healthcare.

(Sample #2)



Health Services Department Emergency Plan DIABETES

In	an	emergency:
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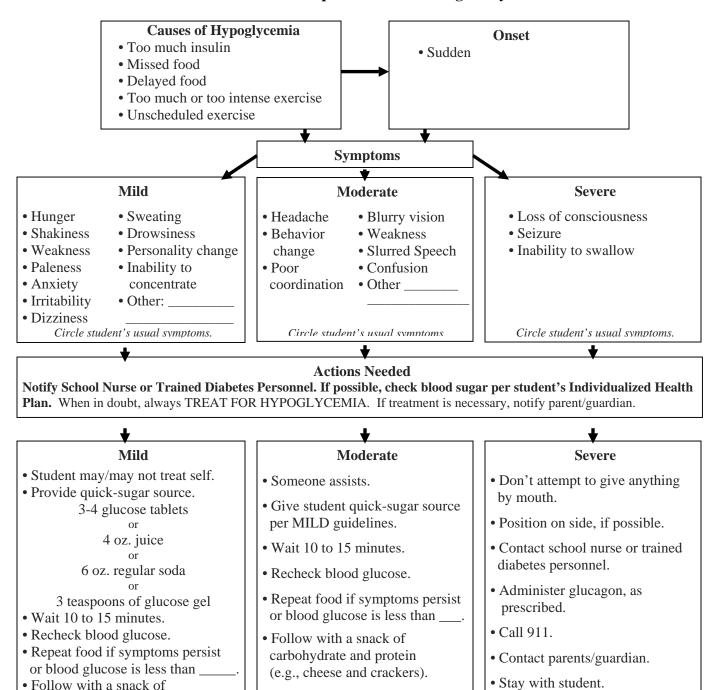
- 1) Stay with child.
- 2) Call / ask someone to call school ______ who will assess child and summon EMS if needed.

IF YOU SEE THIS:	DO THIS:
(Based on this child's current condition, a Medical Emergency for this child is:)	
IF student is not responsive (unconscious, having seizures, or is unable to swallow)	 CALL 911Call Parents/Guardians Don't attempt to give anything by mouth. Position on side, if possible. Contact school nurse or trained diabetes personnel. Administer glucagon, as prescribed. Stay with student.
IF student is non-responsive, but able to swallow	 Squirt inside cheek closest to ground. is kept in Measure Blood Sugar with monitor (to be done by).
IF student is responsive	 Hypoglycemic (low blood sugar) reaction: IF Blood Sugar reading is
IMPORTANT EMERGENCY NUMBERS:	

Adapted from: "Diabetes Management in the School Setting", 1998, Missouri Association of School Nurses. Sample from Lee's Summit School District.

Hypoglycemia (Low Blood Sugar) Quick Reference Emergency Planning Tool

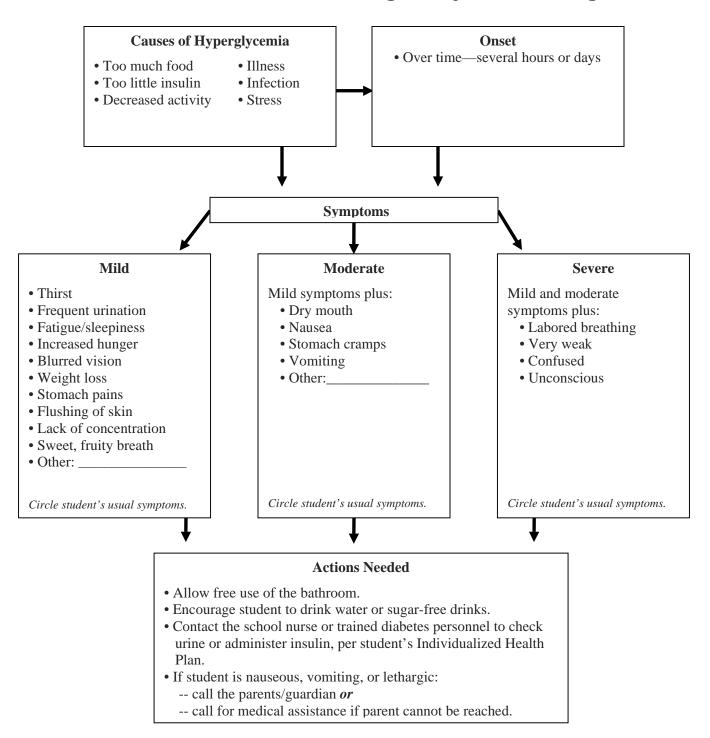
Never send a child with suspected low blood sugar anywhere alone.



Adapted from: *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, June 2003, Page 53. National Diabetes Education Program. http://www.ndep.nih.gov/diabetes/pubs/Youth_SchoolGuide.pdf

carbohydrate and protein (e.g., cheese and crackers).

Hyperglycemia (High Blood Sugar) Quick Reference Emergency Planning Tool



Adapted from: *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, June 2003, Page 54. National Diabetes Education Program. http://www.ndep.nih.gov/diabetes/pubs/Youth_SchoolGuide.pdf